


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90008 016 \*\*\*\*61.25

DOCUMENT: # 714858			
1. Entity Name BAY PORTE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1501 BAYVIEW DRIVE APT 205 FORT LAUDERDALE FL 33304 US		Mailing Address 1501 BAYVIEW DRIVE APT. 201 FORT LAUDERDALE FL 33304	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1501 BAYVIEW DR #205 City & State FORT LAUDERDALE FL Zip 33304 Country USA	
City & State		4. FEI Number 65-0038083 Applied For Not Applicable	
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TAWIL, LIVIA 1501 BAYVIEW DR. UNIT 201 FORT LAUDERDALE FL 33304		7. Name and Address of New Registered Agent Name KEN OFFENTHER Street Address (P.O. Box Number is Not Acceptable) 1501 BAYVIEW DR #205 City FORT LAUDERDALE FL Zip Code 33304	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>Ken Offenther</i> Signature, typed or printed name of registered agent and title if applicable		KEN OFFENTHER 3-7-06 (NOTE: Registered Agent signature required when re-registering) DATE	
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT TAWIL, LIVIA 1501 BAYVIEW DR. #201 FORT LAUDERDALE FL 33304 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT OFFENTHER, KEN 1501 BAYVIEW DR #205 FORT LAUDERDALE, FL 33304 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD OFENTHER, KEN 1501 BAYVIEW DR. #205 FORT LAUDERDALE FL 33304 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BEAN, KEITH 1501 BAYVIEW DR #104 FORT LAUDERDALE, FL 33304 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLANDIN, JOHN JR. 1501 BAYVIEW DR. #101 FT. LAUDERDALE FL 33304 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TAWIL, LIVIA 1501 BAYVIEW DR, #101 FORT LAUDERDALE, FL 33304 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ken Offenther* KEN OFFENTHER 3-7-06 9544722751